



solid state displays

FAX**RECEIVED
CENTRAL FAX CENTER****AUG 19 2005****Date:** August 19, 2005**To:** USTPO**From:** ☒ Homer Webb
☐ Juan Oyervides**Fax:** 571-273-8300**Fax:** 512-238-7883**Pages (Including Cover):** 3**Message:**

Please make note of the attached requests for **CHANGE OF ADDRESS**.

May we have a confirmation once the changes are accepted?

Thank you for your attention to this matter!

Homer Webb

25 Dawson Road • Round Rock, Texas 78664 • Tel. (512) 238-7006 • Fax (512) 238-7883
www.solidstatedisplays.com

AUG 19 2005

PTO/SB/122 (04-05)

Approved for use through 07/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/517503
Filing Date	06/13/2003
First Named Inventor	Webb, HOMER
Art Unit	
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name **HOMER LEE WEBB**

Address

35 DAWSON ROAD

City

ROUND ROCK

State

TX

Zip

78664

Country

U.S.A.

Telephone

512.238.7006

Email

solid5d@sbcglobal.net

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☒ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or agent of record. Registration Number _____
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Homer WebbTyped or Printed
Name**HOMER LEE WEBB**

Date

8/19/05

Telephone

512.238.7006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2